

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Oregon Republican Party

ADDRESS (number and street)

Post Office Box 789

☐Check if different  
than previously  
reported. (ACC)

Salem

OR

97308

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00153031

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Charles Oakes

Signature of Treasurer

Electronically Filed by Charles Oakes

Date

01

24

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		7182.41
(b) Cash on Hand at Beginning of Reporting Period .....	48776.36	
(c) Total Receipts (from Line 19) .....	36639.61	270618.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	85415.97	277800.70
7. Total Disbursements (from Line 31) .....	72919.67	265304.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12496.30	12496.30
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	273155.95	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2490.00	36110.00
(i) Itemized (use Schedule A) .....	5483.00	46055.60
(ii) Unitemized .....	7973.00	82165.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	6000.00
(c) Other Political Committees (such as PACs) .....	12973.00	88165.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	21700.00	93924.58
13. All Loans Received .....	0.00	40000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1966.61	19156.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	29371.59
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	29371.59
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	36639.61	270618.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36639.61	241246.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	4536.74	29801.93
(ii) Non-Federal Share.....	8065.29	52981.11
(b) Other Federal Operating Expenditures.....	33763.06	48230.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	46365.09	131013.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	10287.72
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	26554.58	124003.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	26554.58	124003.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72919.67	265304.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64854.38	212323.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12973.00	88165.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12973.00	88165.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38299.80	78032.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1966.61	19156.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36333.19	58876.05

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party		
NAME OF ACCOUNT KEY LEVIN		

  

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	3636.50
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	3636.50
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	3636.50
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	3636.50
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	3636.50	3636.50
8. RECEIPTS..... (from Line 3)	0.00	3636.50
9. SUBTOTAL..... (Add Lines 7 and 8)	3636.50	7273.00
10. DISBURSEMENTS..... (From Line 6)	0.00	3636.50
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	3636.50	3636.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Raphael Antico

Mailing Address 8705 SW Nimbus Ave

City

Beaverton

State

OR

Zip Code

97008-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80930.C95168

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Kim Barnett

Mailing Address PO Box 563

City

Cannon Beach

State

OR

Zip Code

97110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80930.C94996

Amount of Each Receipt this Period

220.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Georgia Freshwater

Mailing Address 4884 NW Barnes Road

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80930.C95163

Amount of Each Receipt this Period

400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Andrew Over

Mailing Address 1485 SW 134th Ave

City

Beaverton

State

OR

Zip Code

97005-0986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Republican Party

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80930.C97255

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Alan Robinson

Mailing Address 2999 NW Cassia PI

City

Corvallis

State

OR

Zip Code

97330-3274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80930.C94959

Amount of Each Receipt this Period

110.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Sinnema

Mailing Address 10265 SW Citation Drive

City

Beaverton

State

OR

Zip Code

97008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80930.C95169

Amount of Each Receipt this Period

260.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Benjamin Smith

Mailing Address 618 Lincoln Street

City

Eugene

State

OR

Zip Code

97401-2541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benjamin Franklin

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80930.C95067

Amount of Each Receipt this Period

550.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Karl Thatcher

Mailing Address 1724 Chemawa Rd. NE

City

Keizer

State

OR

Zip Code

97303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highway Specialties

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80930.C95162

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

2490.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Impact America PAC

Mailing Address 228 S Washington St #115

City

Alexandria

State

VA

Zip Code

22314-5408

FEC ID number of contributing  
federal political committee.

**C** C00354308

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80930.C94960

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City

Alexandria

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00441287

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

49571.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80930.C95030

Amount of Each Receipt this Period

6700.00

Transfers From Affil./Aut-  
h.

**B.**

Full Name (Last, First, Middle Initial)

John D. Carter

Mailing Address 601 NW 11th Avenue

City

Portland

State

OR

Zip Code

97209-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80930.C95081

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Richard Keller

Mailing Address 2015 SE Columbia River Drive, Ste

City

Vancouver

State

WA

Zip Code

98661-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
High Point Management, In-  
c.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80930.C95077

Amount of Each Receipt this Period

3000.00

Transfer Memo

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

6700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Laura Meier

Mailing Address 2011 SW Carter Ln

City

Portland

State

OR

Zip Code

97201-2410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80930.C95080

Amount of Each Receipt this Period

1000.00

Transfer Memo

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Gordon Smith Victory Committee

Mailing Address 228 S Washington St Ste 115

City

Alexandria

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

**C**

C00441287

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

64571.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80930.C95076

Amount of Each Receipt this Period

15000.00

Transfers From Affil./Aut-  
h.

**C.**

Full Name (Last, First, Middle Initial)

Timothy Boyle

Mailing Address PO Box 97207

City

Portland

State

OR

Zip Code

97207-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Columbia Sportswear

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80930.C95079

Amount of Each Receipt this Period

10000.00

Transfer Memo

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

21700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

United States Treasury

Mailing Address US Department of Treasury

City

Ogden

State

UT

Zip Code

84403-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17926.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 80930.C95031

Amount of Each Receipt this Period

736.61

Offsets to Operating Expe-  
nditu

**B.**

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address 410 Mill St SE

City

Salem

State

OR

Zip Code

97301-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 80930.C95029

Amount of Each Receipt this Period

1230.00

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

1966.61

**TOTAL** This Period (last page this line number only) .....

1966.61

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Balay

Mailing Address 961 NW Brooks Street

City Bend State OR Zip Code 97701-

Purpose of Disbursement  
Food - OR GOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13730

Date of Disbursement

/   /

Amount of Each Disbursement this Period

330.00

FOOD - OR GOP

**B.**

Full Name (Last, First, Middle Initial)  
Key Bank

Mailing Address PO Box 22114

City Albany State NY Zip Code 12201-

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13752

Date of Disbursement

/   /

Amount of Each Disbursement this Period

96.92

BANK FEES

**C.**

Full Name (Last, First, Middle Initial)  
Key Bank

Mailing Address PO Box 22114

City Albany State NY Zip Code 12201-

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13751

Date of Disbursement

/   /

Amount of Each Disbursement this Period

59.00

BANK FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

485.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Carley Dillon

Mailing Address 14511 Pfeifer Dr

City Lake Oswego State OR Zip Code 97035-2419

Purpose of Disbursement  
Reimbursement--See below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13732

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.00

REIMBURSEMENT--SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 10520 SW Cascade Ave

City Portland State OR Zip Code 97223-4302

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81220.E16466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.00

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**C.**

Full Name (Last, First, Middle Initial)  
Direct Mail Systems, Inc

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 34622-

Purpose of Disbursement  
List rental - OR GOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13710

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

LIST RENTAL - OR GOP

**SUBTOTAL** of Disbursements This Page (optional) .....

488.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc	<b>Transaction ID:</b> 80930.E13709 <b>Date of Disbursement</b>																				
Mailing Address 12450 Automobile Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Clearwater State FL Zip Code 34622- Purpose of Disbursement List rental - OR GOP Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	4	1	0	0	0	0														
4	1	0	0	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LIST RENTAL - OR GOP																				
<b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> 80930.E13724 <b>Date of Disbursement</b>																				
Mailing Address 7320 N Dreamy Draw Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	8												
City Phoenix State AZ Zip Code 85020-5212 Purpose of Disbursement Fundraising Phone Calls - OR GOP Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>4</td><td>3</td><td>1</td><td>5</td> </tr> </table>	1	2	4	3	1	5														
1	2	4	3	1	5																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING PHONE CALLS - OR GOP																				
<b>C.</b> Full Name (Last, First, Middle Initial) Brienne Hyder	<b>Transaction ID:</b> 80930.E13697 <b>Date of Disbursement</b>																				
Mailing Address 7068 SW Valenta Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Portland State OR Zip Code 97223-2260 Purpose of Disbursement Phone Expense Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>4</td><td>5</td><td>0</td><td>6</td> </tr> </table>	1	4	5	0	6															
1	4	5	0	6																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE EXPENSE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5488.21**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Brianne Hyder

Mailing Address 7068 SW Valenta Ct

City Portland State OR Zip Code 97223-2260

Purpose of Disbursement  
Reimbursement--See below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E13733

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

156.97

REIMBURSEMENT--SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)  
AT&T Wireless

Mailing Address PO Box 30459

City Los Angeles State CA Zip Code 90030-

Purpose of Disbursement  
Phone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81220.E16462

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

156.97

[MEMO ITEM]

MEMO: PHONE SERVICE

**C.**

Full Name (Last, First, Middle Initial)  
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
Credit card fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E13755

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

230.70

CREDIT CARD FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

387.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
Multnomah County Central Comm#336

Mailing Address 3423 SE Henry Street

City Portland State OR Zip Code 97202-

Purpose of Disbursement  
Facility Rental - OR GOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80930.E13728

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1855.00

FACILITY RENTAL - OR GOP

**B.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
List Rental - OR GOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80930.E13713

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24000.00

LIST RENTAL - OR GOP

**C.** Full Name (Last, First, Middle Initial)  
Oregon State Fair

Mailing Address 2330 17th St NE

City Salem State OR Zip Code 97310-0001

Purpose of Disbursement  
Facility Rental - OR GOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80930.E13726

Date of Disbursement

/   /

Amount of Each Disbursement this Period

925.00

FACILITY RENTAL - OR GOP

**SUBTOTAL** of Disbursements This Page (optional) .....

26780.00

**TOTAL** This Period (last page this line number only) .....

33629.80

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Brienne Hyder

Mailing Address 7068 SW Valenta Ct

City Portland State OR Zip Code 97223-2260

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E13696

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1870.93

FEA PAYROLL

**B.**

Full Name (Last, First, Middle Initial)  
Brienne Hyder

Mailing Address 7068 SW Valenta Ct

City Portland State OR Zip Code 97223-2260

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E13740

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1870.93

FEA PAYROLL

**C.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Svc-Payroll Tax Dept.

Mailing Address c/o Key Bank 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E13716

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

2065.10

FEA PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

5806.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Svc-Payroll Tax Dept.

Mailing Address c/o Key Bank 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80930.E13717

Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.97

FEA PAYROLL TAXES

**B.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Svc-Payroll Tax Dept.

Mailing Address c/o Key Bank 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80930.E13719

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.28

FEA PAYROLL TAXES

**C.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Svc-Payroll Tax Dept.

Mailing Address c/o Key Bank 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80930.E13718

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2075.31

FEA PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

2157.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Svc-Payroll Tax Dept.

Mailing Address c/o Key Bank 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13720

Date of Disbursement

/

Amount of Each Disbursement this Period

8.97

FEA PAYROLL TAXES

**B.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Svc-Payroll Tax Dept.

Mailing Address c/o Key Bank 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13721

Date of Disbursement

/

Amount of Each Disbursement this Period

2065.15

FEA PAYROLL TAXES

**C.**

Full Name (Last, First, Middle Initial)  
LifeWise

Mailing Address 815 SW Bond St

City Bend State OR Zip Code 97702-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13693

Date of Disbursement

/

Amount of Each Disbursement this Period

1063.35

INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

3137.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 48

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
LifeWise

Mailing Address 815 SW Bond St

City State Zip Code  
Bend OR 97702-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13731

Date of Disbursement

/   /

Amount of Each Disbursement this Period

708.90

INSURANCE

**B.**

Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City State Zip Code  
Salem OR 97309-0920

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14732

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.76

FEA PAYROLL TAXES

**C.**

Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City State Zip Code  
Salem OR 97309-0920

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14733

Date of Disbursement

/   /

Amount of Each Disbursement this Period

659.08

FEA PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

1443.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14734

Date of Disbursement

/   /

Amount of Each Disbursement this Period

739.01

FEA PAYROLL TAXES

**B.** Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14735

Date of Disbursement

/   /

Amount of Each Disbursement this Period

734.83

FEA PAYROLL TAXES

**C.** Full Name (Last, First, Middle Initial)  
Andrew Over

Mailing Address 1485 SW 134th Ave

City Beaverton State OR Zip Code 97005-0986

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14761

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2378.11

FEA PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3851.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Andrew Over Mailing Address 1485 SW 134th Ave	<b>Transaction ID:</b> 80930.E14762 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
City Beaverton State OR Zip Code 97005-0986 Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2378.11</td> </tr> </table> FEA PAYROLL	2378.11																			
2378.11																					
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Over Mailing Address 1485 SW 134th Ave	<b>Transaction ID:</b> 80930.E14763 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Beaverton State OR Zip Code 97005-0986 Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2378.11</td> </tr> </table> FEA PAYROLL	2378.11																			
2378.11																					
<b>C.</b> Full Name (Last, First, Middle Initial) Belinda Smith Mailing Address 687 SW Concord Way	<b>Transaction ID:</b> 80930.E13701 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Beaverton State OR Zip Code 97006- Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">653.58</td> </tr> </table> FEA PAYROLL	653.58																			
653.58																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**5409.80**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Belinda Smith

Mailing Address 687 SW Concord Way

City Beaverton State OR Zip Code 97006-

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

624.44

FEA PAYROLL

**B.**

Full Name (Last, First, Middle Initial)  
Smith Barney Investments

Mailing Address 121 SW Morrison St Ste 1600

City Portland State OR Zip Code 97204-3146

Purpose of Disbursement  
FEA IRA Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13694

Date of Disbursement

/   /

Amount of Each Disbursement this Period

493.43

FEA IRA CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Smith Barney Investments

Mailing Address 121 SW Morrison St Ste 1600

City Portland State OR Zip Code 97204-3146

Purpose of Disbursement  
FEA IRA Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E13695

Date of Disbursement

/   /

Amount of Each Disbursement this Period

491.01

FEA IRA CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

1608.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Smith Barney Investments	<b>Transaction ID:</b> 80930.E13738 <b>Date of Disbursement</b>																				
Mailing Address 121 SW Morrison St Ste 1600	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Portland State OR Zip Code 97204-3146	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FEA IRA Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">443.75</td> </tr> </table>	443.75																			
443.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA IRA CONTRIBUTION																					
<b>B.</b> Full Name (Last, First, Middle Initial) Janice Williamson	<b>Transaction ID:</b> 80930.E13703 <b>Date of Disbursement</b>																				
Mailing Address 4065 Mandy Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Salem State OR Zip Code 97302-1712	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FEA Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">898.16</td> </tr> </table>	898.16																			
898.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA PAYROLL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Janice Williamson	<b>Transaction ID:</b> 80930.E13704 <b>Date of Disbursement</b>																				
Mailing Address 4065 Mandy Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City Salem State OR Zip Code 97302-1712	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FEA Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">898.15</td> </tr> </table>	898.15																			
898.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA PAYROLL																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2240.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Janice Williamson

Mailing Address 4065 Mandy Ave SE

City  
Salem

State  
OR

Zip Code  
97302-1712

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E13739

Date of Disbursement

/   /

Amount of Each Disbursement this Period

898.16

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

898.16

TOTAL This Period (last page this line number only) .....

26554.58

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 28 / 48

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80930.C93909

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
F. Douglas Day

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 4386 Rowan Ave N

City Keizer State OR ZIP Code 97303-5824

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 4Y Y Y Y  
2 0 0 8

20091231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 29 / 48

FOR LINE 13 OF FORM 3X

**LOANS**NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80930.C93964

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Michael Scheel

Election:

- ☐
- Primary
- 
- ☐
- General
- 
- ☐
- Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 8

20091231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 30 / 48

FOR LINE 13 OF FORM 3X

**LOANS**NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80930.C93966

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Donald Malarkey

Election:

- ☐
- Primary
- 
- ☐
- General
- 
- ☐
- Other (specify) ▼

Mailing Address 2495 E Nob Hill St SE

City Salem State OR ZIP Code 97302-3733

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
3 0Y Y Y Y  
2 0 0 8

20091231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 31 / 48

FOR LINE 13 OF FORM 3X

**LOANS**NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Transaction ID: LS80930.C93965

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Julie Scheel

Election:

- ☐
- Primary
- 
- ☐
- General
- 
- ☐
- Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 8

20091231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

40000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Aristotle InternationalNature of Debt (Purpose):  
Computer Support

Mailing Address 205 Pennsylvania Ave SE

City State ZIP Code  
Washington DC 20003-1182

Outstanding Balance Beginning This Period

5850.00

Transaction ID: LS80930.E13643

Amount Incurred This Period

0.00

Payment This Period

1950.00

Outstanding Balance at Close of This Period

3900.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Amy LangdonNature of Debt (Purpose):  
Food/Phone Expense

Mailing Address 2830 Foxhaven Dr SE

City State ZIP Code  
Salem OR 97306-2526

Outstanding Balance Beginning This Period

2894.40

Transaction ID: LS90103.E16624

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2894.40

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS ConnectNature of Debt (Purpose):  
Fundraising Phone Calls -  
OR GOP

Mailing Address 7320 N Dreamy Draw Dr

City State ZIP Code  
Phoenix AZ 85020-5212

Outstanding Balance Beginning This Period

47593.24

Transaction ID: LS80930.E13724

Amount Incurred This Period

1243.15

Payment This Period

1243.15

Outstanding Balance at Close of This Period

47593.24

**1) SUBTOTALS** This Period This Page (optional).....

54387.64

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct Mail Systems, IncNature of Debt (Purpose):  
List rental - OR GOP

Mailing Address 12450 Automobile Boulevard

City State ZIP Code  
Clearwater FL 34622-

Outstanding Balance Beginning This Period

24143.77

Transaction ID: LS80930.E13709

Amount Incurred This Period

4350.00

Payment This Period

4350.00

Outstanding Balance at Close of This Period

24143.77

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
June HartleyNature of Debt (Purpose):  
TravelMailing Address PO Box 2643  
3149 Shay WayCity State ZIP Code  
Nyssa OR 97913-0643

Outstanding Balance Beginning This Period

4654.70

Transaction ID: LS90103.E16664

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4654.70

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Wes LemattaNature of Debt (Purpose):  
Contribution Refund

Mailing Address 800 NE Tenney Rd Ste 110

City State ZIP Code  
Vancouver WA 98685-2899

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS81208.E16256

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

31298.47

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Office DepotNature of Debt (Purpose):  
Office supplies

Mailing Address 10520 SW Cascade Ave

City State ZIP Code  
Portland OR 97223-4302

Outstanding Balance Beginning This Period

519.43

Transaction ID: LS80930.E13648

Amount Incurred This Period

0.00

Payment This Period

225.16

Outstanding Balance at Close of This Period

294.27

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Washington Co. Republican Central CommNature of Debt (Purpose):  
Facility Rental - OR GOP

Mailing Address PO Box 122

City State ZIP Code  
Beaverton OR 97075-0122

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90104.E16713

Amount Incurred This Period

75.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Donna WoolleyNature of Debt (Purpose):  
Contribution Refund

Mailing Address PO Box 43

City State ZIP Code  
Drain OR 97435-0043

Outstanding Balance Beginning This Period

6000.00

Transaction ID: LS81117.E15765

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

1) **SUBTOTALS** This Period This Page (optional).....

6369.27

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joan AustinNature of Debt (Purpose):  
Contribution Refund

Mailing Address PO Box 209

City State ZIP Code  
Newberg OR 97132-0209

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS81116.E15755

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
QwestNature of Debt (Purpose):  
Phone Service

Mailing Address PO Box 91155

City State ZIP Code  
Seattle WA 98111-9255

Outstanding Balance Beginning This Period

55.50

Transaction ID: LS80930.E14881

Amount Incurred This Period

55.50

Payment This Period

111.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Dell FinancialNature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 120001

City State ZIP Code  
Dallas TX 75312-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90104.E16709

Amount Incurred This Period

68.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

68.30

**1) SUBTOTALS** This Period This Page (optional).....

2568.30

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
South Salem Mini StorageNature of Debt (Purpose):  
Facility Rental - OR GOP

Mailing Address 5585 SE Commercial St

City State ZIP Code  
Salem OR 97306-

Outstanding Balance Beginning This Period

270.00

Transaction ID: LS90104.E16700

Amount Incurred This Period

90.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Certified PropertyNature of Debt (Purpose):  
Rent

Mailing Address PO Box 269

City State ZIP Code  
Salem OR 97308-0269

Outstanding Balance Beginning This Period

3329.18

Transaction ID: LS80930.E13690

Amount Incurred This Period

6781.82

Payment This Period

2000.00

Outstanding Balance at Close of This Period

8111.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Eagle SecurityNature of Debt (Purpose):  
Utilities - OR GOP

Mailing Address PO Box 4531

City State ZIP Code  
Salem OR 97302-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90104.E16710

Amount Incurred This Period

194.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

194.28

1) **SUBTOTALS** This Period This Page (optional).....

8665.28

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LifeWiseNature of Debt (Purpose):  
Insurance

Mailing Address 815 SW Bond St

City State ZIP Code  
Bend OR 97702-

Outstanding Balance Beginning This Period

1063.35

Transaction ID: LS80930.E13693

Amount Incurred This Period

0.00

Payment This Period

1063.35

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Purchase PowerNature of Debt (Purpose):  
Postage - OR GOP

Mailing Address PO Box 856042

City State ZIP Code  
Louisville KY 40285-6042

Outstanding Balance Beginning This Period

8564.08

Transaction ID: LS80930.E13647

Amount Incurred This Period

532.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

8096.08

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Eagle TeleconferencingNature of Debt (Purpose):  
Phone service

Mailing Address 207 West Washington Street

City State ZIP Code  
Rushville IL 62681-

Outstanding Balance Beginning This Period

227.47

Transaction ID: LS80930.E13642

Amount Incurred This Period

128.25

Payment This Period

227.47

Outstanding Balance at Close of This Period

128.25

1) **SUBTOTALS** This Period This Page (optional).....

8224.33

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 / 48

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T Wireless

Nature of Debt (Purpose):  
Phone service

Mailing Address PO Box 30459

City State ZIP Code  
Los Angeles CA 90030-

Outstanding Balance Beginning This Period

67180.90

Transaction ID: LS80930.E11336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67180.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pacific NW Telco

Nature of Debt (Purpose):  
Phone Service

Mailing Address 10200 Greenburg Road, Suite 340

City State ZIP Code  
Portland OR 97223-

Outstanding Balance Beginning This Period

230.00

Transaction ID: LS90103.E16666

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

230.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Integra Telecom

Nature of Debt (Purpose):  
Phone Service

Mailing Address PO Box 34988

City State ZIP Code  
Seattle WA 98124-1988

Outstanding Balance Beginning This Period

659.32

Transaction ID: LS80930.E13641

Amount Incurred This Period

568.18

Payment This Period

659.32

Outstanding Balance at Close of This Period

568.18

1) **SUBTOTALS** This Period This Page (optional).....

67979.08

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ricoh Customer Finance Corp.Nature of Debt (Purpose):  
Equipment Lease

Mailing Address PO Box 310010273

City State ZIP Code  
Pasadena CA 91110-0001

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90104.E16711

Amount Incurred This Period

257.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

257.73

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Robert FreresNature of Debt (Purpose):  
Excess Levin Contribution  
Refund

Mailing Address PO Box 276

City State ZIP Code  
Lyons OR 97358-0276

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS80930.E13313

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Barbs Professional Bookkeeping &TaxNature of Debt (Purpose):  
Payroll Service

Mailing Address 3295 Triangle Dr SE Ste 112

City State ZIP Code  
Salem OR 97302-4566

Outstanding Balance Beginning This Period

962.50

Transaction ID: LS80930.E13364

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

962.50

1) **SUBTOTALS** This Period This Page (optional).....

3720.23

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Andrew FrazierNature of Debt (Purpose):  
Facility Rental - ORGOPMailing Address 6400 NE 30th Ave  
812 SW Washington St, 3rd floor 9City State ZIP Code  
Portland OR 97211-6607

Outstanding Balance Beginning This Period

774.48

Transaction ID: LS90103.E16657

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

774.48

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Discover Corporate CardNature of Debt (Purpose):  
Travel/office supplies

Mailing Address PO Box 30423

City State ZIP Code  
Salt Lake City UT 84130-0423

Outstanding Balance Beginning This Period

9177.94

Transaction ID: LS81208.E16300

Amount Incurred This Period

250.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

9428.42

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IN Compliance Inc.Nature of Debt (Purpose):  
Compliance Consulting

Mailing Address PO Box 751271

City State ZIP Code  
Las Vegas NV 89131-

Outstanding Balance Beginning This Period

20381.30

Transaction ID: LS80930.E13378

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20381.30

1) **SUBTOTALS** This Period This Page (optional).....

30584.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lynx Group Inc.Nature of Debt (Purpose):  
Printing - OR GOP

Mailing Address 2746 Front St Ne

City State ZIP Code  
Salem OR 97301-

Outstanding Balance Beginning This Period

493.00

Transaction ID: LS80930.E13542

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

493.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Textron FinancialNature of Debt (Purpose):  
Rent

Mailing Address 40 Westminster Street

City State ZIP Code  
Providence RI 02903-

Outstanding Balance Beginning This Period

3604.62

Transaction ID: LS80930.E13711

Amount Incurred This Period

0.00

Payment This Period

3604.62

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
D.R. Johnson Lumber Co.Nature of Debt (Purpose):  
Excess Levin Contribution  
Refund

Mailing Address PO Box 66

City State ZIP Code  
Riddle OR 97469-

Outstanding Balance Beginning This Period

10000.00

Transaction ID: LS80930.E13314

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

**1) SUBTOTALS** This Period This Page (optional).....

10493.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
World Trade Center & CateringNature of Debt (Purpose):  
Catering/ORGOP

Mailing Address PO Box 3340

City State ZIP Code  
Portland OR 97208-

Outstanding Balance Beginning This Period

8761.04

Transaction ID: LS80930.E13644

Amount Incurred This Period

0.00

Payment This Period

1750.00

Outstanding Balance at Close of This Period

7011.04

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Janice WilliamsonNature of Debt (Purpose):  
Office Supplies/Travel/Postage

Mailing Address 4065 Mandy Ave SE

City State ZIP Code  
Salem OR 97302-1712

Outstanding Balance Beginning This Period

146.54

Transaction ID: LS90103.E16661

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

146.54

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Brienne HyderNature of Debt (Purpose):  
Phone Expense/Parking

Mailing Address 7068 SW Valenta Ct

City State ZIP Code  
Portland OR 97223-2260

Outstanding Balance Beginning This Period

145.06

Transaction ID: LS90103.E16681

Amount Incurred This Period

215.54

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.57

1) **SUBTOTALS** This Period This Page (optional).....

7216.15

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 43 / 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Complete CampaignsNature of Debt (Purpose):  
Computer Support

Mailing Address 3635 Ruffin Rd Fl 3

City State ZIP Code  
San Diego CA 92123-1880

Outstanding Balance Beginning This Period

1375.00

Transaction ID: LS80930.E13646

Amount Incurred This Period

250.00

Payment This Period

625.00

Outstanding Balance at Close of This Period

1000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Donald MalarkeyNature of Debt (Purpose):  
Contribution Refund

Mailing Address 2495 E Nob Hill St SE

City State ZIP Code  
Salem OR 97302-3733

Outstanding Balance Beginning This Period

100.00

Transaction ID: LS90124.E16910

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Oregon Federation of College RepublicansNature of Debt (Purpose):  
Contribution Refund

Mailing Address PO Box 808

City State ZIP Code  
Corvallis OR 97339-0808

Outstanding Balance Beginning This Period

550.00

Transaction ID: LS81213.E16376

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

550.00

**1) SUBTOTALS** This Period This Page (optional).....

1650.00

**2) TOTALS** This Period (last page this line number only).....

233155.95

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

40000.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

273155.95

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 44 / 48

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Integra Telecom

Mailing Address

PO Box 34988

City	State	Zip Code
Seattle	WA	98124-1988

Purpose of Disbursement:  
 Phone service

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

74242.96

Date 

M	M
0	4

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H480930.E13641

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

237.36

421.96

659.32

**B. Full Name (Last, First, Middle Initial)**  
 Eagle Teleconferencing

Mailing Address

207 West Washington Street

City	State	Zip Code
Rushville	IL	62681-

Purpose of Disbursement:  
 Phone service

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73583.64

Date 

M	M
0	4

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H480930.E13642

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

81.89

145.58

227.47

**C. Full Name (Last, First, Middle Initial)**  
 Aristotle International

Mailing Address

205 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003-1182

Purpose of Disbursement:  
 Computer Support

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

72131.01

Date 

M	M
0	4

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	8

Transaction ID: H480930.E13643

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

702.00

1248.00

1950.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1021.25

1815.54

2836.79

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**

World Trade Center &amp; Catering

Mailing Address

PO Box 3340

City State Zip Code

Portland OR 97208-

Purpose of Disbursement:  
Catering/ORGOPCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

79347.58

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	8

Transaction ID: H480930.E13644

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

540.00

960.00

1500.00

**B. Full Name (Last, First, Middle Initial)**

Complete Campaigns

Mailing Address

3635 Ruffin Rd Fl 3

City State Zip Code

San Diego CA 92123-1880

Purpose of Disbursement:  
Computer SupportCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

79972.58

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	8

Transaction ID: H480930.E13646

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

225.00

400.00

625.00

**C. Full Name (Last, First, Middle Initial)**

Pitney Bowes Purchase Power

Mailing Address

PO Box 856042

City State Zip Code

Louisville KY 40285-6042

Purpose of Disbursement:  
Postage - OR GOPCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73356.17

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	8

Transaction ID: H480930.E13647

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

360.00

640.00

1000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1125.00

2000.00

3125.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Office Depot

Mailing Address

10520 SW Cascade Ave

City

State

Zip Code

Portland

OR

97223-4302

Purpose of Disbursement:  
 Office supplies

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

72356.17

Date

M M /

D D /

Y Y Y Y

0 4

0 1

2 0 0 8

Transaction ID: H480930.E13648

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

81.06

144.10

225.16

**B. Full Name (Last, First, Middle Initial)**  
 Certified Property

Mailing Address

PO Box 269

City

State

Zip Code

Salem

OR

97308-0269

Purpose of Disbursement:  
 Rent

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

81972.58

Date

M M /

D D /

Y Y Y Y

0 4

1 8

2 0 0 8

Transaction ID: H480930.E13690

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

720.00

1280.00

2000.00

**C. Full Name (Last, First, Middle Initial)**  
 Textron Financial

Mailing Address

40 Westminster Street

City

State

Zip Code

Providence

RI

02903-

Purpose of Disbursement:  
 Rent

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 21

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

77847.58

Date

M M /

D D /

Y Y Y Y

0 4

0 1

2 0 0 8

Transaction ID: H480930.E13711

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1297.66

2306.96

3604.62

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2098.72

3731.06

5829.78

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**

World Trade Center &amp; Catering

Mailing Address

PO Box 3340

City State Zip Code

Portland OR 97208-

Purpose of Disbursement:  
Catering/ORGOPCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 21

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

82533.04

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: H480930.E13725

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

90.00

160.00

250.00

**B. Full Name (Last, First, Middle Initial)**

SAIF Corporation

Mailing Address

400 High Street

City State Zip Code

Salem OR 97312-1000

Purpose of Disbursement:  
InsuranceCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 21

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

82283.04

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: H480930.E13734

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

111.77

198.69

310.46

**C. Full Name (Last, First, Middle Initial)**

U.S. Postmaster

Mailing Address

410 Mill St SE

City State Zip Code

Salem OR 97301-

Purpose of Disbursement:  
Postage--OR GOPCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 21

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

82783.04

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

Transaction ID: H480930.E13735

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

90.00

160.00

250.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

291.77

518.69

810.46

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

4536.74

8065.29

12602.03

Form/Schedule: **F3XA**

Transaction ID:

Memo #1: Note that on Schedule D, payments in the amount of \$302.06 towards Brianne Hyders expense reimbursement are properly reflected in the Outstanding Balance at Close of This Period box, but, not in the Payment This Period box. The Committees software contains an error that affects the proper disclosure of payments against debt when those payments require memo entries on Schedule B or H4. The Committee is working with the software vendor to resolve this issue. Memo #2: Line 12 includes a \$15,000 transfer from the Gordon Smith Victory Committee with only a \$10,000 supporting memo - the additional memo donors have been previously itemized.

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